

Foster Family Home - Corrective Action Report

Provider ID: 1-563115

Home Name: Victoria Morales, CNA

Review ID: 1-563115-4

1020 Ihi Ihi Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 12/6/2016

End Date: 12/6/16

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/6/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Victoria Morales

Primary Care Giver

Date

12/06/2016

Date